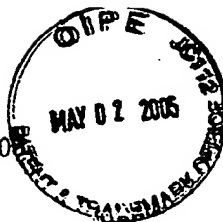


Appl. No. 09/676,347  
Amdt. Dated April 29, 2005  
Reply to Office Action of March 7, 2005



Attorney Docket No. 81754.0041  
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DO NOT  
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02

In re application of:

Michio KOBAYASHI

Serial No. 09/676,347

Confirmation No. 2194

Filed: September 29, 2000

For: Information Authenticating Apparatus  
and Authenticating Station

Art Unit: 2132

Examiner: Cas P. Stulberger

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*Juanita Soberanis* 4/29/2005  
Signature Date

AMENDMENT UNDER 37 C.F.R. § 1.116

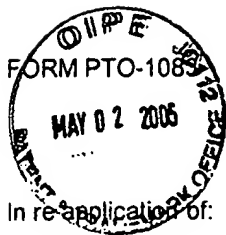
Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the final Office Action dated March 7, 2005, please amend this  
application as follows:

Amendments to the Claims are reflected in the listing of claims which  
begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.



PATENT

Attorney Docket No. 81754.0041

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re-application of:

Michio KOBAYASHI

Serial No: 09/676,347

Confirmation No.: 2194

Filed: September 29, 2000

For: Information Authenticating Apparatus and  
Authenticating Station

Art Unit: 2132

Examiner: Stulberger, Cas P.

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Alexandria, VA 22313-1450, on  
April 29, 2005

Date of Deposit

Juanita Soberanis

Name

Signature *Juanita Soberanis* 04/29/2005

Signature

Date

Mail Stop AF

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application are the following items:

- ☒ Amendment.  
☒ Return Postcard.

The fee has been calculated as shown below:

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-	26	**	0	LG=\$50 SM=\$25	\$0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3	***	0	LG=\$200 SM=\$100	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ 0
TOTAL								\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.By: *Troy M. Schmelzer*

Troy M. Schmelzer

Registration No. 36,667

Attorney for Applicant(s)

Date: April 29, 2005

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